



EXPRESS MAIL NO. EV449563498US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	09/902,941
Filing Date	July 10, 2001
First Named Inventor	Robert A. Henderson
Art Unit	1637
Examiner Name	Young J. Kim
Attorney Docket No.	210121.478C17

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>):
<u>Appointment of Associate Power of Attorney</u>

_____ |
|--|--|--|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Carol D. Laherty, Ph.D.	Customer Number 00500
Signature		
Date	September 28, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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